

County: Rock  
 MEMORIAL COMMUNITY HOSPITAL LTC FACILITY  
 313 STOUGHTON ROAD  
 EDGERTON 53534 Phone:(608) 884-3441

Facility ID: 3050

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Owned by: Non-Profit Corporation  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? Yes  
 Number of Beds Set Up and Staffed (12/31/03): 61  
 Total Licensed Bed Capacity (12/31/03): 61  
 Number of Residents on 12/31/03: 60  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 60

Services Provided to Non-Residents	Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	20.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years	30.0
Day Services	No	Mental Illness (Org./Psy)	25.0	65 - 74	1.7	-----	-----
Respite Care	No	Mental Illness (Other)	11.7	75 - 84	25.0	-----	90.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.3	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	11.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.0	-----	-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	5.0	-----	100.0	(12/31/03)	
Other Meals	No	Cardiovascular	21.7	65 & Over	96.7	-----	
Transportation	No	Cerebrovascular	15.0	-----	-----	RNs	10.0
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	12.1
Other Services	No	Respiratory	6.7	-----	-----	Nursing Assistants,	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	8.3	Male	36.7	Aides, & Orderlies	
Provide Day Programming for Developmentally Disabled	No	-----	-----	Female	63.3	-----	
-----	-----	-----	100.0	-----	-----	-----	
-----	-----	-----	-----	-----	100.0	-----	

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Skilled Care	1	100.0	234	39	100.0	120	0	0.0	0	20	100.0	165	0	0.0	0	0	0.0	0	60	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Total	1	100.0	234	39	100.0	120	0	0.0	0	20	100.0	165	0	0.0	0	0	0.0	0	60	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of Residents
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	
Private Home/No Home Health	4.7	Bathing	0.0	83.3	16.7	60
Private Home/With Home Health	7.0	Dressing	0.0	90.0	10.0	60
Other Nursing Homes	14.0	Transferring	23.3	63.3	13.3	60
Acute Care Hospitals	58.1	Toilet Use	21.7	43.3	35.0	60
Psych. Hosp.-MR/DD Facilities	0.0	Eating	76.7	6.7	16.7	60
Rehabilitation Hospitals	11.6	*****				
Other Locations	4.7	Continence	%	Special Treatments	%	
Total Number of Admissions	43	Indwelling Or External Catheter	10.0	Receiving Respiratory Care	6.7	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	33.3	Receiving Tracheostomy Care	0.0	
Private Home/No Home Health	7.5	Occ/Freq. Incontinent of Bowel	10.0	Receiving Suctioning	0.0	
Private Home/With Home Health	15.0	Mobility		Receiving Ostomy Care	1.7	
Other Nursing Homes	5.0	Physically Restrained	16.7	Receiving Tube Feeding	1.7	
Acute Care Hospitals	2.5	Other Resident Characteristics				
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores	8.3	Have Advance Directives	100.0	
Rehabilitation Hospitals	0.0	With Rashes	0.0	Medications		
Other Locations	2.5	Receiving Psychoactive Drugs				
Deaths	67.5	58.3				
Total Number of Discharges (Including Deaths)	40					

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 Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities  
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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	90.1	1.09	87.4	1.13
Current Residents from In-County	100.0	83.8	1.19	76.7	1.30
Admissions from In-County, Still Residing	41.9	14.2	2.96	19.6	2.13
Admissions/Average Daily Census	71.7	229.5	0.31	141.3	0.51
Discharges/Average Daily Census	66.7	229.2	0.29	142.5	0.47
Discharges To Private Residence/Average Daily Census	15.0	124.8	0.12	61.6	0.24
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	96.7	91.8	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	65.0	64.4	1.01	65.9	0.99
Private Pay Funded Residents	33.3	22.4	1.49	21.0	1.59
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	36.7	32.9	1.12	33.6	1.09
General Medical Service Residents	8.3	22.9	0.36	20.6	0.41
Impaired ADL (Mean)*	47.0	48.6	0.97	49.4	0.95
Psychological Problems	58.3	55.4	1.05	57.4	1.02
Nursing Care Required (Mean)*	6.0	7.0	0.86	7.3	0.82